

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/849282

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				/		
3				/		
4				/		
5			1			
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TOTAL IND.		1	2			
TOTAL DEP.			3			
TOTAL CLAIMS			5			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		1				
TOTAL DEP.						
TOTAL CLAIMS						